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** CONTINUING DATA *****

No MR

** FOREIGN APPLICATIONS *****

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IF REQUIRED, FOREIGN FILING LICENSE

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Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY JAPAN	SHEETS DRAWING 10	TOTAL CLAIMS 10	INDEPEN CLAIM 4
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>[Signature]</i> Examiner's Signature	MR Initials			

ADDRESS

000570

TITLE

Optical disc drive

FILING FEE RECEIVED 856	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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